PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number
42717266

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE (OTHER THAN	
			· · · · · · · · · · · · · · · · · · ·			mn 2)		TYPE [YPE		SMALL	ENTITY
TOTAL CLAIMS			28			*		RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	MBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		* 8			X\$ 9=		OR	X\$18=	144.
INDEPENDENT CLAIMS			5 minus 3 =		*	2		X43=		OR	X86=	172
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT ————————					+145=		OR	+290=	0
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	•	TOTAL		OR	TOTAL	1086
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	Ç.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	1
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	. 0
		(Column 1)	(Column 3)									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGH NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	, k ≯		=		X\$ 9=		 OR	X\$18=	
	Independent	*	Minus	***		=	J· ¹ᠮ	X43=		OR	X86=	
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
			+145=		OR	+290=						
		Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE						
		(Column 1)		/ (Colun		(Column 3)						
AMENDMENT C	· ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total : ·	*.	Minus	**		=		X\$ 9=		OR	X\$18=	,
\ME	Independent	*	Minus	***		,=		X43=	•	OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
	ir the "Highest Nu The "Highest Nurr	mber Previously Painber Previously Painber	aid For" IN THIS d For" (Total or	Independe	ent) is the	n 3, enter 3. highest numbe	r four	nd in the app	ropriate box	in col	umn 1.	